

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | 7        |        |         |
| O.I.P.E. CLASSIFIER       | K        | 1121   | 4-18-01 |
| FORMALITY REVIEW          |          |        | 8-15-01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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